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SURGICAL CASES OCCURRING IN THE MASSACHUSETTS GENERAL
HOSPITAL. SERVICE OF DR. SAMUEL CABOT.—NO. VI.

Reported by Mr. F. R. STURGIS.

[Communicated for the Boston Medical and Surgical Journal.]

CASE I.—*Cancer of the Neck; Injection of Acetic Acid; No Improvement.*—Nov. 27th, 1866. R. S., æt. 60, a fisherman by occupation, and native of Gloucester, presented himself at the Massachusetts General Hospital with a tumor of three years' duration. The swelling is situated on the left side of the neck, just posterior to the ramus of the lower jaw. It extends upwards to the ear, and downwards as far as a point a little below the angle of the jaw. It is slightly movable, and presents small lobules, like a collection of small glands. One gland can be felt very distinctly, just below the tumor. This has existed for three years, growing slowly. No pain until the last seven or eight months. The pain now is of a dull character and not constant, occurring chiefly at night. No tenderness except at one point.

Nearly five years ago, the patient received a blow on the head with a block, and shortly after a tumor, similar to the present one, appeared in a corresponding position on the opposite side. This continued for five months in spite of poultices, but disappeared after cupping. The patient knows of no cause for the present tumor. None of his relations were ever similarly affected. His health he describes as excellent.

On examination, a chain of enlarged glands was found above the left groin. No enlargement of the spleen was detected.

A drop of blood was drawn from the patient's hand, and examined microscopically by Dr. Calvin Ellis, who reported that the white globules were undoubtedly increased, but not to a sufficient degree to justify the diagnosis of leucocythæmia without other symptoms.

On December 1st, after a consultation, it was decided to cut down upon the tumor and then to be governed by circumstances. The patient was etherized, and an incision about five inches in length was made over the tumor, by Dr. Cabot. The sterno-mastoid muscle

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was struck and split by an incision in the direction of its fibres, but few of which were divided. The tumor was then found, and a lobule of it opened by the knife. The interior presented the appearance of a malignant growth. A solution of equal parts of acetic acid and water (about one drachm in quantity) was injected into the tumor with a subcutaneous syringe. The wound was then closed with about five sutures. In the evening, the patient suffered much pain from the injection, for which eighty drops of tincture of opium were given.

2d.—Patient slept very poorly. Not much pain. Some bloody discharge from the lower part of the wound on pressure. Three sutures removed, and poultice, with compression, applied. In the evening, all the remaining sutures were removed. To have twenty drops of elixir of opium.

3d.—There is a slight yellow discharge when pressure is applied to the sides of the wound. Little, if any, pain when the wound is not touched. The edges at one place have rather a livid look. Appetite poor. Pulse fair. Apply permanganate of potash to poultice.

On the 4th, the upper part of the wound assumed a grayish look, which was combated with acid wash applied under poultice.

8th.—Patient at times, had intense pain, for which laudanum has been given in large doses. Redness and swelling are extending on both sides of the wound, but particularly on the posterior side, from which there is a tolerably free discharge of pus. The patient spends the greater part of the day and night with his head resting in his hand, and leaning upon the bed. Has very little appetite, living entirely upon liquids. This is no doubt in part owing to the difficulty he experiences in masticating. Pulse strong. Inject wound with solution of permanganate of potash. *R.* Sodæ sulphitis, \mathfrak{D} i., ter in die.

This condition lasted for two or three days, when, on the 11th inst., it was noticed that the swelling was diminishing, and the discharge more free and healthy. The pain is also less. Milk punch.

15th.—Tumor continuing to decrease in size; fibrous sloughs coming away. In all respects better.

19th.—Everything still doing well. Deglutition is less difficult.

25th.—The pain has increased in the tumor. The pus appears to come from the depths of the tumor, which (except in one small spot at its inferior posterior aspect) is of a soft doughy consistence.

All continued to go well, except that the pain in the growth appeared somewhat aggravated, until the 10th of January, 1867, when it was noticed that during the last few days the tumor had somewhat increased in size, but was still soft. Very little discharge. This increase in the size of the growth and in the pain attendant upon it, continued without intermission up to the date of his discharge from the Hospital, January 25th, 1867. Unfortunately for further observation, he has not since been seen by us, although told to report in a month's time.

CASE II.—*Recurrent Cancer of the Breast, treated by Injections of Acetic Acid ; Improvement.*—K. G., æt. 37, Irish, laundress, entered the Hospital August 21st, 1866, with cancer of the right breast, which was excised. She was re-admitted January 16th, 1867, with two hard nodules in the cicatrix of previous operation—one being situated at the sternal end, the other at the middle. They are attended with some degree of pain. No enlarged axillary glands noticed. General health good. The two nodules are hard, immovable upon the tissue beneath, and the skin covering them is red and adherent. From the sternal one there issues a slight discharge of pus.

On the 19th, a mixture of acetic acid and water (equal parts) was used, after the manner recommended by Dr. Broadbent, of London, of which half a drachm was injected into each lump with a hypodermic syringe.

22d.—A slough is forming in the centre of both nodules; these latter are much softer. Still reports pain in them.

29th.—The points of injection have thrown off their sloughs, are looking well, and are soft to the touch. Two or three more hard nodules are felt along the cicatrix for the first time. These are smaller than those already noticed.

31st.—The two first nodules were again injected by the same method. Less pain than before.

February 2d.—No marked change in the sternal lump; the one in the middle seems softer to the touch.

5th.—Reports a swelling in the right axilla, which is quite hard and painful. The nodules injected on the 31st inst. were again injected, as well as the one in the axilla.

7th.—Injected axillary swelling again to-day, which caused much pain. The others are painless and softening, with some tendency to slough in the centre.

12th.—The two sternal nodules are nearly gone; a small slough still left in one of them. The axillary one is enlarged and painful. On the 13th, the ulcers were dressed with lint dipped in acetic acid. From this date until the 21st, nothing worthy of notice occurred in the tumors, when it was recorded that the first set of nodules were softening, but that one fresh glandular enlargement was observed in the axilla. Same treatment continued. On the 24th, this axillary enlargement ulcerated, with but slight discharge. Similar treatment as the others, which was continued until March 3d, when, on account of the pain produced by the acid, which is more severe than ever, it was omitted, and simple cerate substituted.

I cannot state with certainty the result, as the woman eloped on the 13th inst., but on the day previous the following notes were recorded:—"One axillary enlargement has disappeared; the sternal ones are much softer; the other axillary nodule can be perceived only on careful investigation."

Remarks.—My reason for reporting these cases in detail is, that being among the earliest treated in the Hospital by this method, a full record, with the results even of but two cases, must be interesting to compare with Dr. Broadbent's cases. This gentleman, in a paper read before the British Medical Association in 1866 (Cancer, a new Method of Treatment), says:—"In considering the application of this treatment to various cases, there are two distinct results which may be aimed at: the yet uncertain effect last spoken of, arrest and withering of the tumor, or its death and removal."

Out of four cases reported by him, in two had the tumor disappeared entirely, while in the other two its growth had been modified only. To this latter class of cases the second one must, I think, belong, as there is no doubt that the nodules were sensibly affected by the treatment, while in the first one no change was effected.

Its *modus operandi* Dr. Broadbent considers to be rather by "solution than by sloughing or suppuration," rapidly dissolving the walls and modifying the nuclei of the cancer cells from permeation of the entire mass by the acid. From the two cases which have come under my notice, I should be inclined to consider sloughing as not unusual, and certainly in Dr. B.'s first case, as well as in one which occurred under the care of Mr. Alfred Cooper, the same process took place.

Ordinarily, when the acid is injected into the diseased mass, no pain is complained of, which does occur when it comes in contact with sound tissue.

One more point is worthy of notice, viz., that, even if the acid should enter the circulation, no evil results are to be apprehended.

Should further experience confirm the worth of this method, a valuable means of treatment for cancer, especially for those cases in which the use of the knife would not be admissible, will be added to our list of remedies.

THE FEVER THERMOMETER.

[Read before the North Bristol District Medical Society, March 13th, 1867, and communicated for the Boston Medical and Surgical Journal.]

By NOMUS PAIGE, M.D., of Taunton.

I OFFER a few remarks upon the thermometry of disease, not presuming the subject to be new to any of you, but because I have employed the instrument considerably during the past few months, and believe it to be highly useful.

No reliable information of the heat of the body can be obtained without the thermometer, for the knowledge afforded by the mere sense of touch is so inaccurate, and the perceptions of the patient are often so fallacious, that any opinion founded upon them must possess but little if any scientific value. Some physicians have ob-

jected to the thermometer, urging that the expressions cool, moderately cool, warm, hot, pungent, &c., which are in such common use at the bedside, are sufficiently definite for practical purposes, and that the instrument is an unnecessary incumbrance.

But these objections are not weighty, for if even an approximate estimate of the heat of the skin is of any benefit to us it must be of far greater use to know its exact temperature. And I think that no one who strives to attain any degree of correctness in diagnosis would persist long in mere guessing if he possessed the means of measuring accurately. That we now possess this means, no one seems to doubt. The practical use of the thermometer is based upon the following pathological principles:—

1st. All febrile and inflammatory diseases are attended with a morbidly increased temperature of the body. Conversely, in non-febrile and non-inflammatory diseases the heat of the body is not morbidly increased.

2d. The temperature is morbidly increased in almost every case of acute disease.

3d. A continued variation from the normal temperature is a certain indication of disease.

4th. All diseases have their own typical range of temperature, any sudden deviation from which indicates either a dangerous severity or intercurrent complication.

5th. An important exception to the rule that in non-inflammatory diseases the heat is not above the normal standard, should be made in the class of tuberculous diseases. In this class the temperature is always morbidly increased during the stage of activity, and the type embraces a greater range and also less regularity than it does in most other diseases.

6. Variations in the frequency of the pulse and temperature of the skin are generally concurrent symptoms. But they may be neither contemporary nor proportional.

The average standard of health, taken by the thermometer in the axilla, is 98.4° Fahrenheit. A variation of one degree from this standard, under different circumstances of climate, exercise, &c., is consistent with a state of health; but a rise above 99.4° , or a fall below 97.4° , affords reliable evidence of disease. The highest altitude of which I find any record occurred in a case of pneumonia, and was 107.2° . The lowest was in the collapsed stage of cholera, and was 94.7° . In both instances the record was made a few hours before death. From this it is evident that the scale of deservescence is not large, as it embraces within a fatal maximum and minimum only 12.5° . And ordinarily the scale might be reduced to a variation of only ten degrees, as the cases above mentioned were very rare extremes.

The thermometer in general use is graduated from 80° to 112° Fahrenheit, with each degree subdivided into fractional halves. This

extended scale renders it useful for other purposes in the sick room, such as regulating the temperature of liquid ingesta, baths and enemata. For estimating the heat of the skin, the bulb is to be placed in the axilla and retained from three to five minutes.

A sudden fall of the mercury is as grave a symptom as a sudden rise; neither of which, within the ordinary limits under favorable circumstances, need be considered a sign of serious import, and either of which, under unfavorable circumstances, should be considered a critical symptom. For instance, the oscillations of temperature so characteristic of intermittent and remittent fevers, also of the premonitory stage of other diseases, are not alarming symptoms. And the progressive decline of the mercury in the latter stage of any acute disease is a sure indication of convalescence. But when the deviation is not in accordance with the known type and stage of a given disease, and we find a high temperature where we expected a low one, or *vice versa*, it is an omen of danger, which should not be lightly evaded, for we may be sure that something is wrong.

In typhoid fever, the typical scale during the early stage is from 101° to 103.5° . Persistence at a higher altitude indicates a dangerous degree of severity. A sudden rise of several degrees, especially in the latter stage, is a sure sign of an inflammatory complication. A depression of four or five degrees indicates severe intestinal hæmorrhage. During the first few days of this disease it is often difficult, if not impossible, to diagnosticate with any degree of certainty, as the general symptoms are contradictory and possess no positive meaning. In such cases, if the thermometer indicates a permanent increase of three or four degrees, the existence of typhoid fever is highly probable.

[To be concluded.]

CONTRIBUTIONS TO DERMATOLOGY.

[Continued from page 217.]

Eczema in the Adult.

ECZEMA in the adult presents the same elementary lesions as in the young subject. The same forms or varieties of this disease are met with in persons of all ages, although in those who have arrived at maturity, and more especially in those of advanced years, and where the complaint has acquired a chronic character, the infiltration of the derma is much greater and more persistent than in the young; so, also, are the oedema and the pruritus, together with the thick, dense incrustations or furfuraceous scales which sometimes remain as the relics, so to speak, of a former acute eczematous eruption that was perhaps wholly neglected, or but casually or blindly treated by some irresponsible individual. There are not a few cases, however, where the malady pursues the uncertain tenor of its way through a long series

of years, with only occasional periods of respite, however judicious and protracted the treatment for its cure may have been. Especially is this the case where it affects the lower extremities of the aged.

The leading principles of treatment for all subjects are virtually the same, although the measures to be employed must necessarily vary according to the age of the patient, the temperament, the existing state of health, the extent and severity of the disease, and the region upon which it is developed.

In prescribing constitutional remedies, our first inquiry should be in regard to the condition of the alimentary canal. Throughout the entire administration of medicines, this should be kept in the best possible condition, whether the eruption is acute or chronic. If the bowels are costive, an aperient will be required, and should be repeated as occasion may demand. Small doses of sulphate of magnesia, or liberal draughts of the Congress Spring water, or the compound colocynth pill, will usually accomplish all needful purposes in this particular, especially if the diet be properly attended to. The following prescription is a favorite one with Mr. Milton, Surgeon to St. John's Hospital for Skin Diseases in London: *R.* Extracti hyoscyami, extracti colocynth. comp., āā ᵒj. ; pil. hydrargyri, sodæ carbonat., āā ᵒss. *M. ft. pil. No. xij.* Give one or two at night. If the patient is accustomed to the use of tobacco in any form, he should be persuaded to discontinue it.

The tincture of the chloride of iron is one of the best remedies for internal use. It may be prescribed in large doses well diluted, thus: *R.* Tincturæ ferri chloridi, ᶯij. ; syrupi zingiberis, ᶯij. ; aquæ fontanæ, ᶯiv. *M.* Dose, ᶯij. three times a day, in half a gill of water. If the pruritus is severe, five drops of the tinctura aconiti radiciis may be added to each dose of the iron, with good effect. This is a minimum quantity of the tincture of aconite for an adult. (The tincture made from the root is much stronger than that of the leaves, and the whole name of the one intended should be written in full.)

The liquor ammoniæ acetatis is a valuable remedial agent in all stages of eczema, but especially if there be any feverish habit on the patient. Two drachms mixed with about a gill of mint water, or sweetened water, make an agreeable drink, and may be taken three or four times a day. It acts favorably as a diuretic and diaphoretic, and thus relieves the hypertrophied condition of the cutaneous tissue. Effervescent draughts will also be useful, particularly in the acute stage of the eruption. The mistura ferri composita, the syrup of the iodide of iron, the citrate of iron and quinine, and cod-liver oil, will be found suitable tonics in a great many cases where the vitality of the general system requires to be invigorated. When the vital functions are in a normal state, and the cutaneous affection is attended with little or no exudation (and this is the fact with a large proportion of cases), then is the opportune moment to commence with some arsenical preparation with every probability of doing good with

it. This nerve-tonic should be taken in immediate connection with the food, and should be given with great caution to the adult subject as well as to the young. We have no faith in heroic doses of this mineral. When given thus, we defeat the very object of its administration. The stomach or bowels, or pulmonary organs, are almost certain to be disturbed by its irritant qualities fretting their delicate mucous lining, which soon becomes wholly intolerant of its presence, and we are forced to abandon its use with perhaps no little distrust as to its curative powers in the very case where it would have been most appropriate and useful if employed in small quantities. Mr. Hunt, of London, a successful and learned practical dermatologist, long since advocated the employment of minute doses of arsenic and these only; such as two or three drops of Fowler's solution two or three times a day to an adult. We have frequently followed his suggestions with good results; and we never on any occasion prescribe beyond fifteen drops a day of Fowler's solution to the most robust individual.

There is another formula for the administration of arsenic of still greater potency, and with which we may succeed in curing chronic eczema, especially eczema squamosum, even after having been disappointed in regard to Fowler's solution. In fact, we now in most cases prescribe it for adults instead of the solution. We refer to what is termed the "Asiatic pill"—a combination of arsenious acid with black pepper, in the proportion of one part of the former to about eight of the latter. The formula which we prefer contains equal parts of the pepper and the extract of conium, as we think the last named ingredient gives additional security against any unpleasant griping of the bowels which might possibly be produced by the arsenic. *R.* Acidi arseniosi, grs. viij.; pulveris piperis nigri, extracti conii, aa ʒj. *M.* Divide in pilulas No. c. The dose is one pill every morning directly after breakfast, until the patient has taken fifty pills, afterwards one pill every other morning. Each of these pills contains one fourteenth of a grain of arsenious acid; and when prescribed in the manner directed, they will in very many cases exert a sovereign power over the disease, and thus prove their claim to our confidence when all other remedies have failed.

Local Treatment.

If the scalp is the seat of the eruption, the hair should be cut short, and kept so by the use of the scissors. The solution of the carbonate of soda, as mentioned in our remarks on infantile eczema, may then be applied and continued so long as it gives proof of doing good. In regard to this and the other local applications mentioned, no extended additional remarks need be offered in this place, for these external appliances are equally useful to persons of all ages who are similarly affected. If the eruption has continued for a long period and the scalp presents a brawny or furfuraceous surface, the follow-

ing liniment can in a majority of cases be used advantageously: *R.* Olei olivæ camphorati, ℥ iij.; olei cadini, ℥ j.; unguenti hydrargyri nitratis, ℥ ss. *M.* Ft. linimentum. *Signa.* Shake before using. Two or three drachms of the above may be rubbed into the scalp somewhat briskly with a soft flannel, every night at bed time. Occasionally the diseased integument should be cleansed with the carbonate of soda solution, or with soap and warm water. The liniment will be found well adapted to any portion of the cutaneous membrane under similar circumstances, and where the eruption is quite limited in extent. If spread over a broad surface and followed up for some time, it might induce pyalism.

What is familiarly known as "Hebra's Tincture" makes a valuable local dressing after the acute inflammation has been subdued, and when the infiltration is but slight. It may be applied twice a day. The formula for this remedy is as follows: *R.* Saponis mollis, picis, spiritus vini rectificati, āā ℥ j. It is necessary that the patient should wear a cap constantly while using this tincture, lest it should soil or even spoil any article of clothing or bedding that may come in contact with it. For these reasons some patients, especially fastidious females, refuse to use it.

If there is much exudation, thickening and infiltration, and the eczema occupies but a small surface, as the ears, the forehead, the face, hands, fingers, feet, etc., a solution of potassa fusa will prove an important local agent. The strength of the solution should be from half a drachm to a drachm of the caustic to an ounce of water. It should be applied by the medical attendant himself for a few times, at least until the patient learns how to use it. A small bit of rag should be saturated with the liquid and then passed rapidly over the surface. The pain is quite severe for the moment. A little warm water in a wash-bowl should be at hand, and the caustic should be instantly washed off with a soft linen rag. The pain continues but an instant. The part is to be wiped dry, and the benzoated zinc ointment thickly spread on lint should be put on to the surface that has been subjected to the potash. The process should be repeated every third or fourth day. If the eruption covers an extensive surface, a portion of it only should be dealt with in the manner here described, at any one time.

If the infiltration is slight, the aqua potassæ of the Pharmacopœia will answer quite well instead of the potassa fusa. It may be used freely once or twice each day, care being taken to remove any excess by means of warm water, if it produces severe smarting. The strength of the caustic applications may be reduced and employed less frequently, as the infiltration, itching and exudation diminish. They are not well adapted to individuals of nervous temperament, or to persons who are in feeble health or advanced in years.

Hydrocyanic acid in combination with other ingredients, is often beneficial in checking the unbearable itching which is one of the most

constant and unmanageable attributes of chronic eczema. The following lotion is among the best. **R.** Acidi hydrocyanici diluti, 3 j.; olei cadini, 3 j.; saponis viridis, 3 ij.; olei rosmarini, 3 j.; aquæ fontanæ, 3 vj. **M.** Signa. Shake before using. To be rubbed over any portion of the skin implicated in the disease, two or three times a day. Another: **R.** Acidi hydrocyanici diluti, 3 j.; liquoris plumbi, 3 iij.; glycerinæ, 3 j.; emulsionis amygdalæ, 3 vj. **Ft.** lotio. To be applied freely *pro re nata*.

When the eruption is quite limited in extent, topical applications constitute about all that need or can be done. Constitutional measures are certainly less demanded, and usually less efficacious than they are when the whole or nearly the whole surface is engaged. And as topical measures in the treatment are to be our chief reliance, they may be more potential than would otherwise be expedient.

The sulphate of zinc in the proportion of four or five grains to the ounce of water, applied with a camel's-hair pencil, will quiet the pruritus and promote the entire restoration of the part. The application may be repeated once or twice daily.

A solution of chloride of zinc, twenty grains to the ounce, is likewise an efficient lotion to small patches of the eruption. Both of these lotions may be used by the patient himself, and any excess may be washed off with warm water.

The cyanuret of mercury is likewise a beneficial application in the inveterate forms of eczema, when purely local and covering but a small area. **R.** Hydrargyri cyanuret, grs. vj.; glycerinæ, 3 ij.; aquæ destillatæ, 3 iv. **M.** Signa. Lotion. To be applied with a camel's-hair brush two or three times daily.

As a local remedy, creosote is entitled to favorable consideration, in many cases of chronic eczema. It is not suited to the eruption if there is serous discharge; but when there is much infiltration, pruritus and hypertrophy, and a scaly condition of the parts, it often acts very favorably. In presenting the claims of this article, we are reminded particularly of several cases of chronic eczema of the scrotum and perineum in which it was employed with the most beneficial results. It assuaged the most tormenting itching almost immediately, and ultimately restored the patients to a perfectly comfortable condition, without resort to any other local measures. The following is a suitable formula. **R.** Creosoti, 3 j.; unguenti simplicis, 3 ij. **M.** To be applied freely twice a day. The scrotum should be protected by a suspensory bag.

Glycerine makes a convenient vehicle also with which to combine the creosote, thus: **R.** Creosoti, 3 j.; glycerinæ, 3 ij. **M.** To be used like the preceding.

[To be continued.]

Reports of Medical Societies.**AMERICAN MEDICAL ASSOCIATION.**

(Concluded from page 359.)

FOURTH DAY.

Friday, May 10th, 1867. Dr. H. F. Askew, President, in the chair.

Drs. J. D. Staebler, J. P. Walker, and P. F. Maley, of Cincinnati, Ohio; Dr. G. M. Kellogg, of Keokuk, Iowa; Dr. A. J. Larey, of Mount Pleasant, Kansas; Dr. Wm. Marsden, of Quebec; Dr. John Dillard, of Lexington, Kentucky; Drs. S. S. Gray and A. S. Ashton, of Piqua, Ohio, were made members of the Association by invitation.

The Case of Dr. Hinkle.—A delegate presented papers involving charges against Dr. F. Hinkle, and asked that his name be stricken from the roll of members.

Dr. Atkinson, in presenting Dr. Hinkle's defence, moved a reference of the whole matter to the Committee of Medical Ethics.

The Chair ruled that the reference was out of order, and decided that Dr. Hinkle's name be erased.

Additional Delegates to the International Congress.—The following were, on motion, elected additional delegates to the International Medical Congress to be held at Paris next August:—Drs. Wilson Jewell, of Pennsylvania; Ninian Pinkney, U.S.N.; John Hart, of New York; and Charles A. Pope, of Missouri.

Dr. Hibberd, of Illinois, then presented the following, which was carried:—

WHEREAS, It has been officially announced that for the last two years the annual volume of the Transactions of this Association could be published only by the members of the Publication Committee becoming individually responsible for the cost of the same above the amount of funds in the treasury; and

Whereas, Such a condition of affairs is impolitic for the Association and unjust for the Committee; therefore

Resolved, That the Association does not expect the Committee on Publication to issue the volume of Transactions for the present year unless it can be done with the funds and the credit of the Association.

Dr. Hildreth submitted a resolution:—

"That a Committee on Ophthalmology be appointed to report at the next session." Adopted.

Drs. Joseph S. Hildreth, of Chicago, Illinois, Henry D. Noyes and Cornelius R. Agnew, of New York, were appointed said Committee.

The next Place of Meeting to be Washington, D. C.—Dr. Davis's resolutions regarding the next place of meeting, &c., were then ordered from the table.

Dr. Hammar suggested St. Louis, Mo., as having favorable claims for the consideration of the Association.

After a lively debate, during which several amendments to the original resolution were entertained, the motion finally prevailed in the following form:—

Resolved, That the next annual meeting of the American Medical Association shall be held in the City of Washington on the first Tuesday in May, 1868, and every second year thereafter, until otherwise ordered by the Association.

Resolved, That whenever the Association shall meet in the City of Washington, or elsewhere, as directed in the above resolution, the Committee of Ar-

rangements be strictly forbidden either to provide themselves, or accept provision by others, of any entertainment or excursion whatever, which will conflict with the regular business of the body or its Sections.

Cultivation of the Cinchona Tree.—Dr. Atkinson read a communication from Dr. Henry F. Lyster, Secretary of the Wayne Co. (Mich.) Medical Society, requesting that some action be taken by the American Medical Association regarding the "introduction of the cinchona tree into the United States." For the sake of giving form to the discussion, he presented the subjoined:—

Resolved, That a committee of three be appointed by the Chair, whose duty it shall be to memorialize Congress relative to the cultivation of the cinchona tree. Carried.

Drs. J. M. Toner and F. Howard, of Washington, D. C., and Dr. C. A. Lee, of Poughkeepsie, N. Y., were appointed said committee.

Dr. Atkinson read by title a paper from Dr. E. Harris, of N. Y., upon the "Causes of Cholera." Also another by Dr. E. Krackowizer, on "Local Anæsthesia."

Dr. Davis, in view of the fact that the hour of adjournment was rapidly approaching, offered a resolution which he thought would meet all objections.

Resolved, That such papers and reports as the several Sections have not been able to act upon, be referred to a special committee of *three*, to examine and act upon in all respects as is required in the proper Sections. Carried.

The Committee as appointed consisted of Drs. N. S. Davis, D. H. Storer and C. A. Lee.

Dr. Harris's and Dr. Krackowizer's papers were then, on motion, referred to said committee.

Dr. Atkinson read by title "Synopsis of an Essay on the Contagion, Infection, Portability and Communicability of the Asiatic Cholera in its relations to Quarantine. With a brief history of its origin and course in Canada, from 1832. By Wm. Marsden, M.D."

Dr. Marsden made a few remarks in explanation of the objects, &c., of the paper.

Dr. Sayre moved to refer the paper to the Committee on Publication. Carried.

Alterations in the Plan of Organization.—The following was offered by Dr. Cox, of Maryland:—

Resolved, That a committee of five be appointed by the Chair to take into consideration such amendments or alterations in the plan of organization of this Association, and to remedy defects, if any, and increase its efficiency, and report at the meeting in 1868. Adopted.

Dss. C. C. Cox, J. M. Toner, W. B. Atkinson, J. J. Woodward and John Shrady, were appointed in accordance with the above.

Dr. Davis moved that the resolution referring Dr. Marsden's paper to the Committee of Publication be reconsidered. Carried.

The motion to refer said paper to the special committee as previously provided, was then carried.

Dr. B. Howard, of New York, owing to the absence of the Secretary, read the report of the Surgical Section, which, after some corrections, was accepted.

Cholera and Quarantine.—Dr. Charles A. Lee, of New York, then

submitted the following resolutions, bearing upon the subject of cholera, which were adopted as the sense of the Convention :—

WHEREAS, it was declared by a vote of Congress, at its last session, that it is not within the constitutional powers of the General Government to establish a general and uniform system of quarantine for the different ports of the United States, and whereas, the cholera infection has been introduced into the United States, and did doubtless manifest itself in many of the cities, towns, and villages of our country during the past season, and

Whereas, the experience of the city of New York and other places, both at home and abroad, has demonstrated the efficacy of certain chemical disinfectants, especially *carbolic acid* and the *sulphate of iron*, in destroying or preventing the spread of cholera virus, it is hereby urgently recommended by this Association, that the attention of physicians of the United States be chiefly and constantly directed to the prompt and free use of such disinfectants wherever the cholera poison may show itself.

Resolved, That as the experience of Europe and the United States has satisfactorily shown that the cholera poison cannot be controlled or kept in check except where the *cordons sanitaires* are absolutely prohibitory of all intercourse, as was the case in the entire Island of Sicily, and the entire coasts and frontier of Greece, during the recent cholera epidemic, and,

Whereas, there is no good reason to believe that the people of the United States would not submit to the enforcement of such prohibitory measures, and non-intercourse, as is necessary to hold the cholera-poison in check, especially after its introduction into the country, it is hereby recommended to all municipal bodies and boards of health to pay special attention to requisite sanitary measures, such as the cleansing of streets, lanes and alleys; the supply of pure drinking water to the inhabitants; the ample provision of chemical disinfectants, and their prompt employment in necessary cases; the separation of the sick from the healthy, in the same dwelling; the inspection and regulation of tenement houses; the provision of nurses, hospitals, and competent physicians for the sick poor, who may be attacked; provision for the early burial of the dead; the separation of the corpses from the living; and the prohibition of the custom of waking the dead, and all other measures which have been found necessary to control the progress of the disease.

Resolved, That experience proves that the publication of the facts connected with the existence and progress of cholera in any place, instead of disturbing the popular mind, while it reveals the exact extent of the danger, robs it of the hold of alarm and fear, with which the imagination surrounds indefinite pestilence, walking abroad by noon-day.

Dr. H. R. Storer read the minutes of the section on Psychology, which were, on motion, referred to the Committee on Publication.

The reports of the section on Practical Medicine, and on Meteorology, were read and disposed of in like manner.

The Committee on Nominations submitted their report as amended. The changes are :—*Committee of Arrangements*—Drs. Grafton Tyler (Chairman), William P. Johnson, F. Howard, William Maybury, Lewis Mackall, T. F. Many, J. M. Toner. *Assistant Secretary*—J. W. H. Lovejoy. Added to *Committee on Necrology*—Dr. Samuel Willey, of Minnesota, and Dr. Samuel M. Welch, of Galveston, Texas.

Remuneration of Permanent Secretary.—Dr. M. A. Pallen presented the subjoined :—

WHEREAS, it was the intention of the resolution originally introduced, creating the office of Permanent Secretary, to pay said officer a certain sum annually, as a salary for services as such; and whereas, Dr. William B. Atkinson, our present efficient and urbane Secretary, has never received any money whatsoever in payment of said services, therefore be it

Resolved, That the Permanent Secretary hereafter, and from this date, be au-

thorized to draw a warrant upon the Treasurer for the expenses incurred in his attending each meeting of the Association, and that the Treasurer is hereby instructed to pay the same. Unanimously adopted.

Dr. Atlee moved that the thanks of the Association be tendered to the Permanent Secretary for past services. Carried.

The Annual Assessment.—Dr. Toner proposed the following, which includes an article of the Constitution, with the amendments added:—The sum of five dollars shall be assessed annually upon each delegate to the sessions of the Association, as well as upon each of its permanent members, whether attending or not, for the purpose of raising a fund to defray the *necessary* expenses of the Association, and for printing the Transactions. The payment of this assessment shall be required of the delegates and members in attendance upon the sessions of the Association previously to their taking seats and participating in the business of the session. Permanent members not attending shall forward their yearly dues to the Treasurer, and thereby shall be entitled to receive a copy of the printed Transactions, the same as delegates. Referred, after an animated debate, to Committee on Revision of the Constitution and By-Laws.

Dr. Hibberd asked that Dr. H. R. Storer be permitted to use, in the preparation of a paper, certain matter previously presented by himself to the Association. Permission granted.

Votes of thanks to various railroad companies, and others, for courtesies extended the Association, were then passed.

Dr. Hibberd's resolutions, regarding the use of unofficial preparations, and the relations between the profession and the venders of nostrums, were then called up.

Dr. Post called attention to the proper distinctions between the terms "unofficial" and "magisterial."

Dr. Cox, as an amendment, desired to insert after *manufacturing*, the words "advertising or selling quack medicines or nostrums." Lost.

Dr. Bibbins moved the reference of the whole subject to the Committee on Revision of the Constitution, &c. Carried.

Female Education again.—Dr. Atlee then pressed his resolutions on the subject of female medical education. A motion to take them from the table was carried by a vote of 56 to 52.

Dr. Pallen, of Missouri, was opposed to the discussion of the subject. Women were not by nature fitted for the practice of medicine. It had been tried in Europe, and had proved an utter failure. Ladies possessed of any delicacy could not acquire the proper amount of knowledge. Imagine a young lady, with gigantic chignon and garbed in silks, entering the charnel-house, and bending over a corpse, microscope in hand, searching for cancer cells, &c. &c.

Dr. Davis thought the discussion of the subject, at this time, would only furnish newspaper gossips with a topic, and could do no possible good. He therefore moved to refer the whole subject to the Committee on Medical Ethics.

Dr. Bowditch, of Mass., was opposed to this way of disposing of such an important matter. He had moved yesterday to lay the resolutions on the table, simply because he thought the Convention was not then prepared to act upon them. The question had nothing to do with the laws of nature or the manner in which ladies were to acquire

the proper amount of knowledge. The question was simply whether or not they should be recognized when they *had* acquired that knowledge, as many of them undoubtedly had. The Doctor mentioned several instances in which the practice of medicine by lady physicians had been attended with great success.

Dr. Davis's motion to refer to Committee on Medical Ethics was carried by a large majority.

Dr. Hibberd moved that Dr. Theophilus Parvin, of Indiana, be appointed to render a special report on the Surgical Diseases of Women, at the next annual meeting. Adopted.

A vote of thanks was tendered to Mr. F. Hopkins for the free use of his hall.

A communication from Dr. J. Homberger, expressing his desire to resign from the Association, was received, and finally referred to Committee on Medical Ethics.

The Provision for Chronic Insane.—After a resolution, offered by Dr. S. C. Hughes, thanking the Press for impartial reports of the proceedings, Dr. C. A. Lee read the following:—

Resolved, That providing for the poor chronic insane in the jails and almshouses of our country, as at present practised in nearly all the States of the Union, is a gross violation of the laws of humanity, and contrary to the Divine injunction of "doing to others as we would be done by."

Resolved, That where the regular hospitals for the insane of a State are insufficient to accommodate both acute and chronic cases that are sent to them, this Association would strongly recommend the procurement of a suitable amount of land in the vicinity, and the erection of convenient, well-planned, and well-ventilated, but comparatively inexpensive buildings, in connection with and under the same general supervision as the hospitals themselves, where those who are able to labor, and would be benefited by light and regulated employment, may be suitably accommodated and properly cared for.

Resolved, That the example of Massachusetts in establishing asylums for the accommodation and humane treatment of the chronic insane, is worthy of all praise and imitation, and in the opinion of this Association, such institutions, if rightly inaugurated and judiciously carried on, will be a benefit to the State in an economical point of view, will raise the character of the State Hospitals, and will greatly subserve the interests of the insane generally.

Resolved, That as the present insane hospitals are capable of accommodating but a small proportion of the 40,000 insane of the United States, and as almshouse and jail provision is not adapted to their proper care and treatment, this Association would recommend to the proper State authorities to make such further provision in the direction above indicated as may tend to the amelioration of their condition, if not the restoration of their rational and moral faculties. Adopted.

Dr. Bibbins moved to refer to a special committee of five, to report at the next annual meeting. Carried.

Drs. C. A. Lee, New York; Guntry, Ohio; John Fonerdin; Walker, Mass.; Chipley, Kentucky, were appointed said committee.

The late Surgeon C. S. Tripler, U.S.A.—Dr. Cox submitted the following resolutions, which were unanimously adopted:—

Resolved, That in the loss of Surgeon Charles S. Tripler, U.S.A., who died in this city since the last meeting of the Association, the profession throughout the country, the Army of the United States, and the Society especially, have experienced a serious loss.

Resolved, That in the high moral integrity, Christian character, professional ability, and conscientious love of his vocation, we recognize in Dr. Tripler one of the truest illustrations of a sound physician and a good man.

Resolved, That the condolence and sympathies of this Association are hereby tendered to the family and relations of the deceased; and the Secretary is directed to communicate to them a copy of these resolutions.

Dr. Davis moved that the committee charged with procuring suitable accommodations for the Association meetings in the Smithsonian Institution, in Washington, D. C., be continued. Carried.

Dr. Alden March, of New York, offered the following :—

Resolved, That the thanks of the Association are due, and are hereby tendered to the President and retiring officers for the ability, impartiality and courtesy manifested in the discharge of their arduous duties. Carried.

Dr. Cox moved that the surplus copies of the Transactions of the Association not yet out of print, be sent to the Secretaries of similar organizations in exchange for the volumes published by their own bodies. Carried.

Dr. Hughes presented the following :—

Resolved, That those members of the Association who have contributed to the amount of five dollars to the publishing of future Transactions, shall be entitled to any back volume of the Transactions to the amount of same, as they may want. Carried.

After the passage of several votes of thanks, the meeting adjourned at two, P.M., to meet at the time and place previously designated.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JUNE 6, 1867.

MEDICAL EDUCATION.

THE vast importance of thoroughness in the preparatory training of candidates for medical practice can hardly be overestimated; and yet, important as it is for the welfare of the whole community, the latter really possess no adequate knowledge of the amount of this training which the men have received to whom they entrust the sacred responsibility of the care of the public health. Neither of the other, so-called, learned professions stands so completely in the dark in this respect as the medical. The Pulpit, the Bar, the various professions connected with practical science, all of them stand in a position in daily practice in which the public is capable in a very great degree of judging of the positive attainments of their members. With the medical profession the case is far otherwise. The practical test is wanting. The very men who may command the widest influence may be those who in reality deserve it the least, either for their acquirements or positive skill. It is all the more important, then, that those who have charge of our medical schools should feel the great responsibility resting upon them, of honest, impartial performance of their grave duties, in order that the public may be protected from the dangers inseparable from a blind confidence in unworthy men. In justice to the teachers of most of our medical schools, we would say, that we believe, as a class, they are actuated by the highest motives in the management of the trust confided to them. Doubtless there are schools where personal considerations have an undue weight, and which are doing more

harm than good by their insufficient teaching, accompanied as it is by extravagant pretensions; but these are the exceptions.

With some such feelings as these in our minds, we read with great interest the report of the recent meeting of medical teachers in Cincinnati, which we have already published. It must have struck every one, we think, that this is a movement in the right direction. The want of a uniform system in the numerous medical schools in the United States, and the vast difference in the fitness for practice in the graduates of different schools, has long been painfully and humiliatingly felt. It is indeed hard for a man who has spent three or four years in faithful study in one of our larger schools, perhaps devoted a year of incessant labor, risking his life it may be, in the arduous duties of a pupil in some one of our city hospitals—it is very hard for such a man to feel that he has earned no higher title to public confidence than one who has paid for two courses of lectures in some obscure school, without any clinical advantages whatever, and that the community sets at precisely the same value the M.D. which to him is a badge of honor fairly earned, and the other, which is no test of qualification at all.

We very well know that the difficulties in the way of correcting this evil are enormous, and seem almost insurmountable. Nevertheless something, we hope a good deal, may be done by a sound opinion on the subject in the medical profession at large, by not allowing things to take their course, but by constantly keeping before their minds the difference between a complete and an incomplete medical education, by active enterprise on the part of the leading schools to keep up with the progress of medical science, never resting upon their oars and allowing the stream to pass by.

We were much pleased in the propositions adopted by the Teachers' Convention, with the emphasis given to the importance of a thorough preliminary education; although we regretted to see that a preparatory rudimentary knowledge of the natural sciences was struck out from the requirements of the original plan. This we consider a very great mistake, for it is a want of this very preliminary knowledge, which is not replaced in the ordinary curriculum of the medical schools, which is so often lamentably evident in medical practitioners. We cannot cheapen our educational standing without sacrificing our right to public confidence. As conductors of a medical journal, we are in a position to say, that our opportunities only too often remind us how much this condition is disregarded. We hold it as incontrovertible that without such a preparation no man, except one of uncommon genius, is fitted for our profession; this training is absolutely essential for the intellectual fitness of those who undertake the study of medicine. As well might it be expected that the untrained and clumsy muscles of a rustic can be converted by a few lessons into the elastic and sinewy form of an acrobat, as that the chaotic brain of every ambitious simpleton who sees a halo of glory surrounding the title of M.D. should be ready at once for the reception of the subtle truths, or the discussion of the difficult problems, which make our profession one of lifelong study. It is greatly to be desired that some even more rigid test of fitness could be employed by which the dunces and obviously unsuitable aspirants for medical honors could be stopped at the threshold and forever barred from passing within the temple of medical science; but this is too much to hope for. The nearest approach to such a consummation, then, is the requirement of a thorough preliminary training in applicants for matriculation;

and (what is no less important) a faithful, honest exercise of their power in excluding all unsuitable candidates, utterly regardless of personal considerations, on the part of medical teachers themselves; a power, we must say, which at the present time is too often allowed to lie dormant. Our limits forbid us to pursue the subject further on the present occasion, although we have barely entered on its discussion.

Annual Meeting of the Massachusetts Medical Society.—The session of the first day, on the 4th inst., was well attended, and the readers of the various papers had a good audience. The programme which we have already given was varied by the substitution by Dr. Clark of a paper on the Contagiousness of Cholera, and by Dr. White of a sketch of the most recent theories on Syphilis, in place of those assigned in the programme to these gentlemen. We think it is a mistake to make such changes, as many of the audience are without doubt attracted by the special subjects previously announced. Dr. Cogswell, of Bradford, whose name was on the list of readers, was kept at home by professional engagements. The Councillors held their annual meeting in the evening, and the following gentlemen were elected officers for 1867-68:—*President*—Dr. Henry C. Perkins, of Newburyport. *Vice President*—Dr. Foster Hooper, of Fall River. *Recording Secretary*—Dr. Calvin G. Page, of Boston, Dr. Cheever having declined a re-election. *Recording Secretary*—Dr. Charles D. Homans, of Boston. *Treasurer*—Dr. Francis Minot, of Boston.

After adjournment, the Councillors were hospitably entertained by Dr. Henry W. Williams at his residence in Arlington Street.

The prize offered for the best essay on Expectant Medicine was not awarded by the Committee. But one essay was received, and that was not considered up to the standard required. The author will have it returned to him on application to the late Secretary of the Society, Dr. David W. Cheever, of Boston.

Monument to Laennec.—The sum of twenty thousand francs has been raised in France for the erection of a monument to Laennec, the founder of the science of auscultation. This sum is said by the commission who have the subject in charge to be sufficient for a monument worthy of him and of France. No special effort has been made to obtain subscriptions outside of France, but sums have been received from the Medico-Chirurgical Society of London, and subscriptions are looked for from the medical societies of Ireland and Scotland, and also from the profession in Austria and Prussia. Our own country ought not to be without representation on the subscription list, for surely no more worthy name adorns the annals of medical science than that of Laennec. The monument, which is a statue of this illustrious man, was modelled by Lequesne, cast by Ducel, and is now on exhibition at the Paris *Exposition*. The ceremony of inauguration will take place in the latter part of May, 1868.

The Davidson Syringe for Cleansing the Ear. MESSRS. EDITORS,—The ear douche described by Dr. Edward H. Clarke, in last week's JOURNAL, recalls what I have used for several years, and what I presumed was used generally by aurists, namely, Davidson's enema syringe, for cleansing the external ear of secretions or excretions. The instrument, as is known, consists of an elastic bulb fitted with valves, so that when squeezed in the hand the water is forced out at

one end, through some fifteen inches of elastic pipe; relaxing the pressure allows the water to be sucked up through the other end by a similar pipe. To use it for the ear, we attach the small nozzle which comes with it, intended for children. Allowing the suction pipe to lie in a pitcher of warm water on the table, we hold the bulb in the left hand, and with the right, or thumb and forefinger of the left, direct the nozzle into the ear. In the latter case, we have the right hand free to hold the water receiver, if the patient can't or won't, or with forceps to assist the exit of wax, &c. I find this method neat and cleanly, saving much time, and easily used by those in care of the patient, such an instrument being now found in nearly every family where there are children. From the elasticity of the piping, the stream can be made almost continuous. Of course as much force cannot be obtained with it as with a large syringe, to expel foreign bodies for instance, but by the pressure of the hand the force can be graduated at will. During the last three months, at the Eye and Ear Infirmary, I have used one in some two hundred cases, saving much time and slopping about of water, and what besides is of considerable importance, sparing fatigue to the hands.

Boston, June 3, 1867.

B. JOY JEFFRIES, M.D.

Ear Douche. MESSRS. EDITORS.—I contrived some months since, and now have in my medicine-trunk, almost a *fac simile* of Dr. Clarke's "ear douche," described in the JOURNAL for May 30, 1867. I have used it not only for the ear, but also with equal satisfaction for the *rectum* and *vagina*; and I am confident that a syringe, constructed on this principle of hydrostatic pressure, with nozzles of course appropriately adapted to the different apertures of the body, will supersede every previous invention of the kind. We may bid farewell to the valve-stickings, leakings, pumpings and squeezings of the past, and have something which will operate as beautifully as a fountain. The "flexible tube" should be four or five feet long, for the sake of greater force in certain cases; and the "glass jar" should be a tin box, with cover, that it may serve as a convenient receptacle to contain the tube and nozzles when not in use.

The above is communicated with the hope that our friends, Messrs. Codman & Shurtleff, or some other enterprising firm, may be induced to furnish us one good syringe of varied application, and thereby save us the trouble and expense of so many different instruments.

Yours truly,

L. L. SCAMMELL.

Hopkinton, June 1, 1867.

Obituary.—Dr. Jonathan M. Allen died in Lowell, at the house of his brother, Dr. Nathan Allen, on the 6th of April, of congestion of the lungs, with which he was seized six days before. He had long suffered from disease of the heart. His age was about 50. Dr. Allen was born in Princeton, in this State, in the year 1815, and, in early life, enjoyed only the advantages of a common school education in that quiet agricultural town. Having a great thirst for knowledge, he fitted for college at Amherst Academy, and entered Yale College in 1834. In 1838, he went to Philadelphia to prosecute medical studies and attend lectures. In 1840, he graduated at the University of Pennsylvania, and immediately became a teacher and lecturer on Anatomy connected with a private institution, where for years he had constantly over a hundred medical students under his instruction. Afterwards he occupied for several years the place of Demonstrator of Anatomy in the Jefferson Medical College, and from there he passed to the Professorship of Anatomy and Physiology in the Pennsylvania Medical College, which post he held seven or eight years. During this time he prepared and published the *American Medical Dissector*, a work extensively used as a text-book by medical students.

Dr. Allen not only excelled in medical sciences, but was an original thinker on moral and religious subjects, and well versed in literature, philosophy and history. Had his life and health been spared, the world would have been benefited by his labors and influence. His death is therefore a loss not only to his friends and relatives, but to the world generally.—*Abridged from Lowell Daily Citizen and News.*

Public Bathing Houses.—The number of public bathing houses is increased this season by six, making twelve in all, four of which will be for the exclusive accommodation of women and girls at all hours of the day and evening. This will greatly contribute to the comfort of working-women, a class not sufficiently accommodated last year. These establishments are located at Warren Bridge, Sectional Dock at East Boston, foot of Broadway at South Boston, and Dover Street bridge. The additional houses for males will be at Cragie's and Mt. Washington Avenue bridges. The women's baths will be under the superintendence of women, and will be made attractive to the most fastidious. Last year parties of ladies in carriages from distant sections of the city regularly visited the South Boston beach establishment, and this season the number of such bathers will doubtless be increased.

THE Prussian papers mention a new plan for the care of the wounded on a field of battle, which was tried during the war, and has now been definitely adopted. Every surgeon is to be provided with a pocket-book containing a pencil and a number of labels (like those sold for luggage apparently), with a string at one end. After attending to a wounded man, the surgeon writes on one of these labels the name of the wound and what he has done to it, signs the label, and ties it to the wounded man's button-hole. Thus the man can be carried at once by the hospital attendants to the proper place, and the surgeon to whom he is brought can learn in a moment the state of his wound, and proceed to dress it.

AN ordinance of the city of Zanesville, Ohio, requires that a license shall be obtained by all transient or travelling doctors or physicians plying their vocation in the city, for which each applicant shall pay the sum of five dollars for each day he proposes to remain there: and if a further stay is made, a new license must be obtained at the same rate. Non-compliance with the ordinance subjects the offender to the penalty of ten dollars for each day he shall have practised without a license.

WE are indebted to the New York *Medical Record* for the report of the last day's proceedings of the American Medical Association, as the one which we had received contained some important omissions.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JUNE 1st, 1867.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	52	32	84
Ave. mortality of corresponding weeks for ten years, 1856-1866	42.1	35.9	78.0
Average corrected to increased population	00	00	86.87
Deaths of persons above 90	0	0	0

COMMUNICATIONS RECEIVED.—"Examination of the External Auditory Passage."

MARRIED.—At Newtonville, George B. Sawtelle, M.D., of Malden, to Miss Eugenia Coolidge, of Newtonville.

DEATHS IN BOSTON for the week ending Saturday noon, June 1st, 84. Males, 52—Females, 32. Accident, 2—apoplexy, 2—disease of the bowels, 1—congestion of the brain, 4—disease of the brain, 4—inflammation of the brain, 1—bronchitis, 3—cancer, 1—cholera morbus, 1—consumption, 11—convulsions, 3—croup, 1—diarrhœa, 3—dropsy, 2—dropsy of the brain, 4—drowned, 3—dysentery, 1—scarlet fever, 6—typhoid fever, 1—gangrene, 1—gas-tritis, 1—disease of the heart, 2—indigestion, 1—infantile disease, 2—disease of the kidneys, 1—congestion of the lungs, 2—inflammation of the lungs, 5—measles, 1—old age, 1—premature birth, 2—smallpox, 6—syphilis, 1—unknown, 3—whooping cough, 1.

Under 5 years of age, 35—between 5 and 20 years, 9—between 20 and 40 years, 14—between 40 and 60 years, 13—above 60 years, 13. Born in the United States, 62—Ireland, 16—other places, 6.